

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist	ame of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karoutas, Leann Moccia				
II. Name of lobbyist	's partnership, firm	n or corporation, if a	ny:		
Legis	slative Solutions, L	.L.C.			
	me of partnership, firr				
P.	O. Box 10724	Bedford	NH	03110	
	treet)	(Town/City)	(State)	(Zip Code)	
() 603-986-914	15 ()	e-mail dbeek@ad	ol.com .	
(Telephone)	15 ()(Fax)		
reportable expense t	ransactions which	are not attributable	•		
☐ All reportable trai	Ascentria Care	•	the reporting date relative to th	e following client:	
			obbyist Registration Form)		
<u>OR</u>	,				
☐ All reportable tran unrelated to any parti	•	yist (including the lob	obyist's family), or the lobbying	; firm listed below which are	
IV. Date of Report Reports cover: acti	April 26, 2017 wity from date of regis		July 26, 2017 🔏 activity from 4/1/17 to 6/30/17		
	October 25, 201 activity from 7/1/17		January 31, 2018 activity from 10/1/17 to 12/31/	47	
			e transactions made since the Secretary of State's Office, S		
VI. Check if addition	-				
			file Addendum A – Fees and Ex ou must file Addendum B – Rej		
Expense Reimbursem		inibursed expenses, ye	ou must me Addendam b- Rej	port of Honorariums of	
☐ If you, your firm,	, or your family has	made political contrib	utions, you must file Addendu	m C- Political Contributions	
Sworn Statement/Af I have read RSA 15, 1 and complete to the b (Signature of lobbyis	RSA 15-B, RSA 14- lest of my knowledg	C and RSA 664 and h	nereby swear or affirm that the f	Foregoing information is true RECEIVED	
Robert Clegg					
(Print Name of lobby	/ist)			JUL 31 2017	

NEW HAMPSHIRE DEPARTMENT OF STATE

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karout	tas, ceann Moccia
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client Ascentria Care Alliance	Date July 10, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 4500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ <u>0</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>4500.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbic (c) an itemized statement of each individual expenditure made during this repeating purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all let meals purchased during a business than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$50 s, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 4500.00
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period	d) \$ 4500.00
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 0
f) Total of all expenses year to date	f) \$ <u>4500.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount: .
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
Kright Cless V	July 10, 2017
(Signature of lobbyist)	(Date)
Robert Clegg	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:				
Name of Lobbying par	tnership, firm, or corpo	oration: Legislative S	olutions	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related t	o any
particular client):				
Date of Report (check	one):			
April 26, 2017 □	July 26, 2017	October 25, 2017 □	January 31, 2018 □	
			nd Expenses described above umber of Addendum forms	
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
	my knowledge and be	lief.	nt and each Addendum is tru 10, 2017 (Date)	e and
Dehra Vanderheek				

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

Statement of Income and Expenses for:				
Name of	f Lobbying par	rtnership, firm, or corpo	oration: Legislative S	olutions
	f Client (leave ar client):		or the partnership, firm, or	corporation and not related to any
Date of	Report (check	one):		
April 20	6, 2017 □	July 26, 2017	October 25, 2017 □	January 31, 2018 □
the followard the submitted the following the submitted the following th	owing Addend	ums submitted with the s).		nd Expenses described above, and umber of Addendum forms being .

Complete to the best of my knowledge and belief.

July 10, 2017

(Signature of lobbyist) (Date)

Periklis Karoutas

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

	ne and Expenses for:	yist		
Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative S	olutions	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not rela	ted to any
particular client):				
Date of Report (check	: one):			
April 26, 2017 🗆	July 26, 2017	October 25, 2017 □	January 31, 2018 □	•
		ne Statement of Income as at Statement (insert the n		
Addendum A	s).			
Addendum B(s).			
Addendum C(s).			
complete to the best o	rm that the foregoing in f my knowledge and be		nt and each Addendum i 10, 2017	s true and
(Signature of lobbyist)		(Date)	-
Leann Moccia				